

**BEDFORD RECREATION REGISTRATION FORM**

Recreation Fax #: (781) 687-6156

Participant: \_\_\_\_\_ Sex: M/F Home Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-mail Address(es): \_\_\_\_\_  
Emergency Name & #: \_\_\_\_\_  
Special Needs/Concerns: \_\_\_\_\_

**If participant is under age 18, please complete this section.** Grade Spring 2014: \_\_\_\_ Grade Fall 2014: \_\_\_\_ Age \_\_\_\_  
Parent 1 Work #: \_\_\_\_\_ Parent 2 Work #: \_\_\_\_\_  
Parent 1 Cell #: \_\_\_\_\_ Parent 2 Cell #: \_\_\_\_\_  
Soccer Shirt#: \_\_\_\_ Parent Coach/Chaperone? \_\_\_\_

Program: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ Fee: \_\_\_\_\_  
Program: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ Fee: \_\_\_\_\_  
Program: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ Fee: \_\_\_\_\_

**Optional contribution to the Neighbors Helping Neighbors Fund:** \$ \_\_\_\_\_

Cash \_\_\_\_ Check \_\_\_\_ MC or Visa #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I, do hereby consent to **my own/my minor child(ren)**'s participation in the program(s) into which I am enrolling, run by the Bedford Recreation Department, and do forever RELEASE, acquit, discharge and covenant to hold harmless the Town of Bedford, and the Town of Bedford Recreation Department and all of its employees and agents from any and all actions, causes of action, and claims, including, but not limited to negligence, on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage occurring while participating in any part of the program(s), wherever it occurs, which my minor child(ren)/I may now or hereafter have and as the parent of said minor(s), also any and all claims, actions, causes of actions, including, but not limited to negligence which said minor has or hereafter may acquire, either before he/she or after he/she has reached his/her majority resulting from his/her participation in the Town of Bedford Recreation Department's program.

I consent to the use of my minor child(ren)'s/my own name, picture and/or likeness in any broadcast, photographs, motion pictures, recordings, or other accounts of any program(s), operations, activities, projects, events or tours organized, operated and/or sponsored by the Town of Bedford, and the Town of Bedford Recreation Department and all of its employees and agents, unless I notify the Town of Bedford Recreation Department in writing that I withdraw my consent.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ (parental if participant is under 18 years old)

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